

Application for Social Care Committee Member

Please read the accompanying Information Pack and Guidance Notes, which should help you complete the forms required for consideration of your application. Please type or complete the forms in black ink to assist with photocopying.

Part 1: Your Personal Details

Title:			
Forename:			
Surname:			
Home Address:			
Telephone:		Mobile:	
Email:			
Work Address: (if applicable)			
Job Title (if applicable)			
Telephone:		Mobile:	
Email:			

Part 2: References

Please name two referees (not relatives), at least one of whom should be a business / professional contact.

Title:	
Name:	
Occupation:	
Address:	
Telephone:	
Email:	

Title:	
Name:	
Occupation:	
Address:	
Telephone:	
Email:	

Part 3: Relevant Experience

Please give us details of relevant employment, public appointments, voluntary work, community work or caring responsibilities, starting with the most recent.

Name of Organisation (if applicable)		
Position Held		
Dates	From:	To:
Main Duties & Responsibilities:		

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Main Duties & Responsibilities:		

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Position Held		
Dates	From:	To:
Main Duties & Responsibilities:		

Name of Organisation (if applicable)		
Position Held		
Dates	From:	To:
Main Duties & Responsibilities:		

Please continue on additional sheets as necessary. Please make sure they are numbered and clearly marked with your name and the position you are applying for.

Part 4: Suitability for Appointment - Essential and Desirable Criteria

Drawing on either your working life or personal experience, answer each of the questions in the boxes below, giving an example where possible. Please refer to the Guidance Notes and Information Pack (personnel specification) when completing this section.

Abilities and Skills

Knowledge and Experience

Please continue on additional sheets as necessary. Please ensure they are numbered and clearly marked with your name and the position you are applying for.

Personal Characteristics

Desirable Criteria

Please continue on additional sheets as necessary. Please ensure they are numbered and clearly marked with your name and the position you are applying for.

Part 5: Registration Details

Are you registered, or eligible to be registered, on the NISCC Social Care Register?	Yes / No
If you are registered, please provide your SCR number.	SCR:

Part 6: Referrals / Convictions / Offences

Have you ever been subject to fitness to practise proceedings while registered with a professional regulator (e.g. NISCC, NMC, HCPC, etc.)?	Yes / No
If yes, please provide full details.	

Have you ever been referred to the Independent Safeguarding Authority as a result of misconduct involving children and / or vulnerable adults?	Yes / No
If yes, please provide full details.	

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland 1979, the HSC is included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post. It is necessary therefore to ask the following questions:

Have you <u>ever</u> been convicted of a criminal offence?	Yes / No
Are you currently the subject of police investigation or do you have any prosecutions pending?	Yes / No

List below details of ALL charges, prosecutions, convictions, cautions, bind-over orders – even if they happened a long time ago. You must include any minor matters, any road traffic offences or motoring offences and any which may be pending.

Having a conviction will not necessarily affect your application.

Part 7: Disability

We are keen to recruit people with disabilities who have the necessary skills.

Do you consider yourself to have a disability which is relevant to your Committee Member application?	Yes / No
If yes, do you require any specific arrangements to be made if invited to interview? (you do not need to state them here)	Yes / No

People with a disability who meet the criteria in the person specification will be short listed for interview. Please contact Mrs Caroline Cumberland on 028 9536 2931 if you need us to make particular arrangements for completing

the application form, the interview or any reasonable adjustments that would need to be made if your application is successful.

Part 8: Conflict of Interests

Are you connected in any way to a former or existing employee of the Northern Ireland Social Care Council or a member of its Council?

Yes / No

If yes, please provide full details

Are you entitled to work in the UK?

Yes / No

Part 9: Declaration

A **social care** member is:

- A registered or eligible to be registered social worker; or
- A registered or eligible to be registered social care worker.

I confirm that I meet the definition required to act as a social care member.

I also confirm that to the best of my knowledge and belief, the information given in this form is complete and correct. I understand that if I am appointed and the information which I have provided is subsequently found to be untrue that my appointment may be terminated.

Signature:

Date:

This form should be completed and returned with the Conflict of Interests and Other Material Information form, the Significant Political Activity form and the Equal Opportunities monitoring form to:

Email: niscc.committee@hscni.net

Post: Committee Manager
Northern Ireland Social Care Council
7th Floor Millennium House
19 – 25 Great Victoria Street
Belfast
BT2 7AQ

The closing date and time for applications is Tuesday 17 January 2017 at 4 pm.

The information on this application form will be held securely both manually and on NISCC's computer database and will not be divulged to anyone outside the organisation. Information on successful candidates may be held indefinitely. Information on unsuccessful candidates will be held for up to one year.

We reserve the right to verify the information you have provided and to seek information from other sources.

Conflicts of Interest and Other Material Information



In Confidence

1. A person appointed to a public body could find that matters or incidents, which previously attracted no attention, could become matters of legitimate public interest when the person concerned holds a public appointment. Information which might be relevant could include either specific events such as those covered below or prominent activities, for example in voluntary organisations.
2. The following sections ask for information which may be relevant in this context. All information given will be treated in the strictest confidence.

3. Have you:

- a. Ever been convicted of any criminal offences or accepted a caution in the UK (other than minor motoring offences) which are not spent in accordance with the Rehabilitation of Offenders Act 1974, or of any offences elsewhere which if committed in England and Wales would be criminal offences? **Yes** [] **No** []
- b. Ever been the subject of disqualification from the practice of a profession in the UK or elsewhere which remains in force; or are you the subject of any proceedings which could lead to such a disqualification? **Yes** [] **No** []
- c. Any charges outstanding? **Yes** [] **No** []
- d. Become bankrupt over the past 10 years? **Yes** [] **No** []
- e. Been dismissed from any office or employment over the past 10 years? **Yes** [] **No** []
- f. Ever been disqualified from acting as a Company Director or in the conduct of a Company? **Yes** [] **No** []
- g. Ever been trustee of a charity? **Yes** [] **No** []
- h. Ever been a Director, Partner or Manager of a Company which has gone into liquidation, receivership or administration? **Yes** [] **No** []
- i. Any other facts to declare which you feel could be raised publicly in the future relating to your suitability to hold the appointment for which you are being considered? E.g. because they could be presented as a conflict of interest. **Yes** [] **No** []

If you have answered yes to any of the questions a to g, please give details in the space below and continue on a spare sheet if necessary.

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Please note: a YES answer to any of the questions a to g will not necessarily rule out a candidate for public appointments.

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4. Other Business Interests

Please state whether there are any Companies or Partnerships:

- a. Of which you are, or have been, during the previous 10 years a Director or Partner? **Yes** [] **No** []

If YES, please give details:

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Name of body and principal activities:

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- b. Of which you own more than 50%, whether or not you are a Director or Partner? **Yes** [] **No** []

If YES, please give details:

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Name of body and principal activities:

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- 5. a. Do you, or your spouse or partner, hold direct shareholdings in market sectors linked to the work of the Northern Ireland Social Care Council? **Yes** [] **No** []
- b. Are you, or your spouse or partner, directors of commercial firms in those market sectors? **Yes** [] **No** []
- c. Do you, or your spouse or partner, receive any retainer from commercial firms in those market sectors? **Yes** [] **No** []

If YES, please give details:

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Name of the commercial firm and principal activities:

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If pecuniary interest is declared are you, or your spouse or partner, **Yes** [] **No** [] willing to forego it for the period of appointment?

Please note that the Council has accepted proposals which reinforce the rules inspired by the Nolan Committee on the handling of public body business and have decided to make the appointment of new members subject to stricter conditions on members' private interests in the market sectors relevant to the work of the body concerned. Where pecuniary interest is declared, you are asked if you are willing to forego it.

Declaration

I undertake to advise the Council of any other information relevant to an assessment of suitability as a public appointee and to report any significant future change to the information I have provided on this form.

I certify that if appointed at NISCC, I will inform the Council of any change of circumstance which would result in a YES answer having to be given to any of the questions in Sections 3, 4 or 5.

I confirm that the information given on this form is complete and true, to the best of my knowledge. I understand that if I am appointed and the information I have provided is subsequently found to be untrue then my tenure of office may be terminated.

Signed: _____

Date: _____

Name in BLOCK LETTERS: _____

Significant Political Activity

The Nolan Committee on standards in Public Life recommended that all candidates should declare any significant political activity. Political activity information will be used for monitoring purposes only and will not determine your suitability for appointment. If your application is successful, this information will become part of the public record.

In the last five years, have you undertaken any significant political activity? (This should include activities that are a matter of public record i.e. public speaking in support of, or candidate on behalf of, any political party (or affiliated body) which fields candidates at local or general elections in any part of the UK or in elections to the European Parliament).

Yes No

If yes please give details below: